

10/563011

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
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| TOTAL IND. | | ↓ | ↓ | ↓ | ↓ | ↓ |
| TOTAL DEP. | ← | 55 | ← | 55 | ← | 55 |
| TOTAL CLAIMS | | 56 | | 56 | | 56 |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | ↓ | ↓ | ↓ | ↓ |
| TOTAL DEP. | ← | | ← | | ← | |
| TOTAL CLAIMS | | | | | | |